

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90012 037 ****61.25

DOCUMENT # N17939

1. Entity Name
**WITHLACOOCHEE WORK FORCE DEVELOPMENT
AUTHORITY, INC.**



Principal Place of Business
**2703 N.E. 14TH STREET
OCALA, FL 34470 US**

Mailing Address
**2703 N.E. 14TH STREET
OCALA, FL 34470 US**

44050014



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162003

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2871179

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STERMER, ROBERT A
8585 SW HWY 200, SUITE 9
OCALA, FL 34481**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25

Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COWART, JACK
RR 1, BOX 927
NEWBERRY, FL 32669** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED
ROBERTS, SUSAN
PO BOX 1561
DADE CITY, FL 33526** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TURNER, RICK
P.O. DRAWER 129
BRONSON, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TROW, BARBARA
502 NE 44TH TERR
OCALA, FL 34470** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HAYES, CHARLES
CFCC P O BOX 1388
OCALA, FL 34478** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
TESCH, PETE
P O BOX 459
OCALA, FL 34478** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan Roberts

7/21/04

352 873 7939 x222